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U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 10/630,078	
<b>CLAIMS AS FILED - PART I</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)				
FOR	NUMBER FILED	NUMBER EXTRA			RATE	FEE
BASIC FEE (37 CFR 1.16(a))					\$ 0	\$ 0
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =	*	0	x \$ 9 =	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =	*	0	x 43 =	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		0			+ 140 =	0
					TOTAL	0
* If the difference in column 1 is less than zero, enter "0" in column 2						
<b>CLAIMS AS AMENDED - PART II</b>					<b>SMALL ENTITY OR OTHER THAN SMALL ENTITY</b>	
(Column 1)		(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 29	Minus	** 23	=	6
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	=	0
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
	TOTAL ADDIT. FEE					
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	* 29	Minus	** 29	=	—
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	=	—
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
	TOTAL ADDIT. FEE					
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	—
	Independent (37 CFR 1.16(b))	*	Minus	***	=	—
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					
	TOTAL ADDIT. FEE					

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SEND TO: MS Fee Amendment  
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